

Managing Chronic Pain

A Pain Diary

Use this tool to keep
track of your pain
and share your results
with your provider




MTCPDRY

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Today’s Date: _____

Circle or write in your answer.

Questions	Your Answers
How bad is your pain? (Circle the <u>number</u> that describes your pain.)	<div> No Pain</div> <div> Some Pain</div> <div> Bad Pain</div> <div>0 1 2 3 4 5 6 7 8 9 10</div>
What is the pain like? (sharp, dull, pounding, burning)	
Is the pain steady or does it come and go?	Steady Comes and Goes
Where is the pain? (arm, leg, back, head, neck)	
What were you doing when it started and how long did it last?	
Did the pain make you stop what you were doing?	
What medicines did you take for the pain and how much?	
Did the medicine help make the pain less?	Yes No A Little
What else did you do to make the pain less? (ice, heat, massage, walking)	
Did this pain wake you up or did it keep you from falling asleep?	
Is this pain stopping you from doing normal things, like eating, going out or working?	
Do you feel you have control over your pain?	Yes Some No

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